## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J60034

1. Corporation Name

(2)

R. SAMIA, INC.



Principal Place of Rusiness Mailing Address								
Principal Place of Business  1500 S. OCEAN BLVD  UNIT #S-805 OF THE ADDISON  Mailing Address  1500 S. OCEAN BLVD  UNIT #S-805 OF THE ADDISON  UNIT #S-805 OF THE ADDISON								
BOCA RATON		BOCA RATON FL 3343	32		3. Date Incorporated or Qualified 3a. Date of Last Report			
					03/04/1987	01/2	3/199	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
		26		59-2781723   Not Applicable   \$8.75 Additional				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Required	
2		27 Ch & State			6. Election Campaign Financing			0 May Be
City & State		City & State		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	ry	8. This corporation has liability for	intangible tax	under s	199.032,
2.10	25	29	30			□ No		
<u></u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	legistered Aç	jent	
			3	Name				
STEGE, WILLIAM L.				32 Street Add	Address (P.O. Box Number is Not Acceptable)			
3350 E. ATLANTIC BLVD.			83					
POMPAN	NO BCH FL 33062		ľ		ber		T - 1	- O- d-
			1 -	34 City		FL		p Code
SIGNATURE	Signature typed or printed name of registered agent				oration submits this statement for the puard of directors. I hereby accept the apput t	DATE		
12.	PVS OFFICERS AN	DELETE	1.1 ]ii	LE T			Change	
TITLE NAME	SAMIA, ROBERT J.	<u>  </u>	12 NA	v1E				
STREET ADDRESS	A GOELLI BULE HOOM	5	135TF	REET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CIT	Y - ST - ZIP			Change	Addition
TITLE	TD.	DELETE	2 1 11			<u>L</u> .	Change	L] Addition
NAME	SAMIA, ROBERT J.	_	2.2 NA					
STREET ADDRESS		5	<b>■</b> *	REET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL	M DELETE	2.4 CH 3.1 TH	Y - ST - ZIP	······································		Change	Add tion *
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NAME CLOSEL ADDRESS				REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				Y-S1-7IP				The Address
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CITY - ST- ZIP		E DELETE		TY · ST · 7IP		<del>-</del>	] Change	Addition
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NAME			52 NA	REEL ADDRESS				
STREET ADDRESS	\$			TY-ST-ZIP				
CITY-ST-ZIP		DELFTE	6 1 1				] Change	Addition
TITLE		<u></u>	62 N	ľ				
NAME STHEET ADDRESS	s		63.51	TREET ADDRESS				
DINES   AUDMESS	v		640	IY-SI-7F				

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

113/96 40

407-338-0910 Daystrie Proces #